

**EXHIBIT G**

# **W.R. GRACE & CO. ASBESTOS PROPERTY DAMAGE PROOF OF CLAIM FORM**

*The United States Bankruptcy Court for the District of Delaware  
In re: W.R. Grace & Co., et al., Debtors, Case No. 01-01139 (JJF)  
(Jointly Administered)*

**SUBMIT COMPLETED CLAIMS TO: [address]**

For a complete list of the Debtors in this case, please see "The Debtors" section of the *General Instructions for Completing Proof of Claim Forms*. The Debtors in this case are collectively referred to in this document as "Grace".

If you have a current claim against Grace for property damage resulting from asbestos from Grace (*other than Zonolite Attic Insulation*), THIS ASBESTOS PROPERTY DAMAGE PROOF OF CLAIM FORM MUST BE RECEIVED ON OR BEFORE 5:00 P.M. EASTERN TIME ON [BAR DATE], or you will be forever barred from asserting or receiving payment for your claim.

**INSTRUCTIONS FOR FILING THE W.R. GRACE & CO.  
ASBESTOS PROPERTY DAMAGE PROOF OF CLAIM FORM**

**WHO SHOULD USE THIS ASBESTOS PROPERTY DAMAGE PROOF OF CLAIM FORM**

1. This Asbestos Property Damage Proof of Claim Form (referred to in this document as the "Form") applies only to current claims made against Grace by or on behalf of parties who are alleging property damage with respect to the presence of asbestos in real property owned by the party (such person is referred to in this document as the "claiming party") from a Grace asbestos-containing product or as a result of one of Grace's vermiculite mining, milling, or processing facilities (other than for Zonolite attic insulation, for which a separate Zonolite Attic Insulation Claim Form should be submitted).
2. This form should not be used for claims for an Asbestos Personal Injury Claim, Zonolite Attic Insulation Claim, Settled Asbestos Claim, or a Non-Asbestos Claim. Instead, separate specialized proof of claim forms for these claims should be completed.
3. If you are alleging current claims against Grace with respect to the presence of asbestos in more than one (1) real property, the claiming party should complete an Asbestos Property Damage Proof of Claim Form for each property. You may photocopy this Form (before writing on it) if additional Forms are needed.

**GENERAL INSTRUCTIONS**

1. This form must be signed by the claimant or authorized agent of the claimant. THIS FORM MUST BE RECEIVED ON OR BEFORE 5:00 PM EASTERN TIME ON [Bar Date], or you forever will be precluded from asserting your claim(s) against or receiving payment from Grace. Return your completed form to the Grace Claims Processing Center, P.O. Box XXXX, Anytown XX 12345-1234.  
If you are returning this form by mail, allow sufficient time so that this form is received on or before [Bar Date]. Forms that are postmarked before [Bar Date] but received after [Bar Date] will not be accepted. Only original forms will be accepted for filing. Forms transmitted by facsimile will not be accepted for filing.
2. If you cannot fit all information in any particular section or page, please make a copy of that page before filling it out and attach as many additional pages as needed.
3. This form must be filled out completely using BLACK or BLUE ink.
  - Please print clearly using capital letters only.
  - Skip a box between words.
  - Do not write outside of the boxes or blocks.
  - Do not use a felt tip pen.
  - Do not bend or fold the pages of the form.
4. Because this form will be read by a machine, please print characters using the examples below. For optimum accuracy, please print in capital letters and avoid contact with the edge of the character boxes.
5. Mark check boxes with an "X" (example at right).      ☒
6. Be accurate and truthful. A Proof of Claim Form is an official court document that may be used as evidence in any legal proceeding regarding your claim. The penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to five years or both. 18 U.S.C. §§ 152 & 3571.
7. Make a copy of your completed Form to keep for your records. Send only original Forms to the Claims Agent at the following address: \_\_\_\_\_.
8. You will receive written notification of the proof of claim number assigned to this claim once it has been processed.

**PART 1: CLAIMING PARTY INFORMATION****NAME:***First**Middle**Last**Jr/Sr/III***SOCIAL SECURITY NUMBER:****Other names by which claiming party has been known (such as maiden name or married name):***First**MI**Last**First**MI**Last***GENDER:** ☐ MALE ☐ FEMALE**BIRTH DATE:***Month Day Year***Mailing Address:***Street Address**City**Country**State**(Province)**Zip Code**(Postal Code)***PART 2: ATTORNEY INFORMATION****The claiming party's attorney, if any (You do not need an attorney to file this form):****Law Firm Name:****Name of Attorney:***First**MI**Last***Mailing Address:***Street Address**City**State**(Province)**Zip Code**(Postal Code)***Telephone:***Area Code*

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**A. Real Property For Which A Claim Is Being Asserted (continued)**

11. If yes, please specify the dates and descriptions of such renovations.

Month		Day		Year					

Description

Month		Day		Year					

Description

Month		Day		Year					

Description

**B. Claim Category**

12. For which category are you making a claim on the property?

☐ Category 1: Allegation with respect to asbestos from a Grace product in the property

☐ Category 2: Allegation with respect to one of Grace's vermiculite mining, milling or processing operations

- If you checked Category 1 in question 10, complete section C.

- If you checked Category 2 in question 10, complete section D.

**C. Category 1 Claim: Allegation With Respect To Asbestos From a Grace Product In The Property**

13. For what alleged asbestos-containing product(s) are you making a claim?

☐ Monokote-3 fireproofing insulation

☐ Other Specify:

14. When was the product installed in the property?

Month		Day		Year					

15. What was the name of the architect or architectural firm who designed the property?

16. What was the name of the general contractor in charge of the construction of the property?

17. What was the name of the general engineer or engineering firm in charge of the construction of the property?

18. What was the name of the company or entity that installed the product?

19. Do you have documentation relating to the purchase and/or installation of the product in the property?

☐ Yes

☐ No

**If Yes, Attach All Such Documentation.**

20. When did you first know of the presence in the property of the Grace product for which you are making this claim?

-  -   
Month Day Year

**Attach All Documents Relating Or Referring To  
The Presence Of Asbestos In The Property.**

21. How did you first learn of the presence in the property of the Grace product for which you are making this claim?

22. When did you first learn that the Grace product for which you are making this claim contained asbestos?

-  -   
Month Day Year

23. How did you first learn that the Grace product for which you are making this claim contained asbestos?

24. Has there ever been an effort to remove, contain and/or abate the Grace product for which you are making this claim?

☐ Yes

☐ No

**If Yes, Attach All Documents Relating  
Or Referring To Such Efforts.**

25. If yes, please specify the dates and description of such efforts.

-  -   
Month Day Year

Description

-  -   
Month Day Year

Description

-  -   
Month Day Year

Description

26. Has there ever been any testing or sampling for the presence of asbestos or other particulates in the property?

☐ Yes

☐ No

**If Yes, Attach All Documents Related  
To Any Testing Of The Property.**

27. If yes, when and by whom and the type of testing and/or sampling (e.g., air, bulk and dust sampling)?

Month Day Year

Company/Individual

Type of testing:

Month Day Year

Company/Individual

Type of testing:

Month Day Year

Company/Individual

Type of testing:

28. Has the Grace product for which you are making this claim ever been modified and/or disturbed?

☐ Yes ☐ No

29. If yes, specify when and in what manner the Grace product was modified and/or disturbed?

Month Day Year

Description

Month Day Year

Description

Month Day Year

Description

**D. Category 2 Claim: Allegation With Respect To One of Grace's Vermiculite Mining, Milling Or Processing Operations**

30. What is the business address or location of the Grace operation which has led to your claim?

Business Name

Street Address

City

State Zip Code

(Province) (Postal Code)

Country

31. Does (or did) anyone living in the household work for the Grace operation against which you are making a claim?

☐ Yes ☐ No



32. If yes, specify the following for each such individual:

<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Name of Individual Working at Grace Operation</p> <div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div> <p>Date of Birth</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Occupation(s) of Individual</p> <div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> <span>Month</span> <span>Day</span> <span>Year</span> <span>Month</span> <span>Day</span> <span>Year</span> </div> <p>Dates Worked at Operation (From-To)</p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Name of Individual Working at Grace Operation</p> <div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div> <p>Date of Birth</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Occupation(s) of Individual</p> <div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> <span>Month</span> <span>Day</span> <span>Year</span> <span>Month</span> <span>Day</span> <span>Year</span> </div> <p>Dates Worked at Operation (From-To)</p>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Name of Individual Working at Grace Operation</p> <div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div> <p>Date of Birth</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Occupation(s) of Individual</p> <div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> <span>Month</span> <span>Day</span> <span>Year</span> <span>Month</span> <span>Day</span> <span>Year</span> </div> <p>Dates Worked at Operation (From-To)</p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Name of Individual Working at Grace Operation</p> <div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div> <p>Date of Birth</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Occupation(s) of Individual</p> <div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> <span>Month</span> <span>Day</span> <span>Year</span> <span>Month</span> <span>Day</span> <span>Year</span> </div> <p>Dates Worked at Operation (From-To)</p>

33. When did you first know of the presence of asbestos on your property?

Month
Day
Year

34. How did you first learn of the presence of asbestos on your property?

**Attach All Documents  
Relating Or Referring  
To The Presence Of  
Asbestos On The  
Property.**

35. Has there ever been an effort to remove, contain and/or abate the asbestos on your property?

☐ Yes ☐ No

**If Yes, Attach All Documents Relating  
Or Referring To Such Efforts.**

36. If yes, please specify the dates and description of such efforts.

<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	Description	
<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	Description	
<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	Description	

37. Has there ever been any other testing or sampling for the presence of asbestos on your property?

☐ Yes ☐ No

**If Yes, Attach All Documents Relating  
Or Referring To Such Testing.**

38. If yes, when and by whom and the type of testing/sampling conducted on your property?

Month Day Year

Company/Individual

Type of testing:

Month Day Year

Company/Individual

Type of testing:

Month Day Year

Company/Individual

Type of testing:

39. Were you aware of the presence of asbestos when you purchased your property?

☐ Yes ☐ No

40. If you have sold the property, were you aware of the presence of asbestos when you sold your property?

☐ Yes ☐ No ☐ Not Applicable, have not sold the property

## PART 4: ASBESTOS LITIGATION AND CLAIMS

### A. INTRODUCTION

1. Has the claiming party or his or her representative contacted a lawyer about a possible asbestos-related property damage lawsuit or claim?

☐ Yes ☐ No

If "yes," when did the claiming party or his or her representative first contact a lawyer about a possible property damage lawsuit or claim?

Month Year

2. Has any asbestos-related property damage lawsuit or claim been filed on behalf of this claiming party?

☐ No  
☐ Yes - lawsuit  
☐ Yes - non-lawsuit claim (other than a workers' compensation claim)

*If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party, complete Section B.*

*If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party, complete Section C.*



2. All other parties, trusts, or claims facilities against whom a claim was made:

 -  -   
 Month Day Year

 -  -   
 Month Day Year

 -  -   
 Month Day Year

3. Name of claimant's attorney:

  
 First

    
 MI Last

## D. SETTLEMENTS

1. Has the claiming party entered into any property damage settlements, whether in connection with a lawsuit or in settlement of a claim filed outside a court of law?

☐ Yes ☐ No

If "yes," please complete the settlement information below (other than any settlements with Grace already identified above):

Settling Party	Settlement Amount - Agreed To	Settlement Amount - Received
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Date Received	Name of Settling Attorney
<input type="text"/> - <input type="text"/> - <input type="text"/> Month Day Year	<input type="text"/>

Settling Party	Settlement Amount - Agreed To	Settlement Amount - Received
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Date Received	Name of Settling Attorney
<input type="text"/> - <input type="text"/> - <input type="text"/> Month Day Year	<input type="text"/>

Settling Party	Settlement Amount - Agreed To	Settlement Amount - Received
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Date Received	Name of Settling Attorney
<input type="text"/> - <input type="text"/> - <input type="text"/> Month Day Year	<input type="text"/>

Settling Party	Settlement Amount - Agreed To	Settlement Amount - Received
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Date Received	Name of Settling Attorney
<input type="text"/> - <input type="text"/> - <input type="text"/> Month Day Year	<input type="text"/>

**PART 5: SIGNATURE PAGE**

All claims must be signed by the claiming party.

I have reviewed the information submitted on this proof of claim form and all documents submitted in support of my claim. I declare, under penalty of perjury,\* that the above statements are true, correct, and not misleading.

CONSENT TO RELEASE OF RECORDS AND INFORMATION: I hereby authorize and request that all other parties with custody of any documents or information concerning my property damage or the information contained in this Form to disclose any and all records to Grace or to Grace's representative.

I hereby authorize the release of my Social Security number for use in comparing information provided separately to other asbestos trusts or claims facilities to verify the completeness and accuracy of the information contained in this Form.

SIGNATURE OF CLAIMANT

\*The penalty for presenting a fraudulent claim is a fine up to \$500,000.00 or imprisonment up to 5 years, or both. 18 U.S.C. §§ 152,3571.

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